EXHIBIT "93"

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TITLE

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center P.O. Box 2030 • Omaha, NE 68103-2030 (800) 347-7787 • Fax (866) 398-0467 www.PacificLife.com



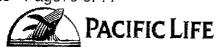
OWNERSHIP, NAME, OR BENEFICIARY CHANGE REQUEST				
Insured's Name: First MI Last	Policy Num			
Current Owner's Name: First MI Last	VES!	701320		
Current Owner's Name: First MI Last WINDSOR SECURITES, LLC	Telephone	e Number: (Include area code)) (叫2-310つ		
	<u> COAOS</u>			
1 OWNERSHIP CHANGE				
Check this box if this ownership change	is in connection with a viatical or life settle	ement transaction.		
I hereby transfer ownership of this policy to: (Print full na				
*If more than one individual is named as owner, they will own		.nless otherwise provided		
New Owner's Date of Birth(mm/dd/yyyy)	the policy as join MALUS 9/27/13			
Relationship of New Owner to Insured	9/0/110			
and on the above owner's death to:				
Contingent Owner (Print full name and address) - Optiona	EGOP			
Relationship of New Contingent Owner to Insured				
Send Future Premium and Other Notices To: (check one and provide name and address)	and Other Notices To:			
New Owner				
Insured		**************************************		
Payor				
Other				
Note: A change in ownership may result in adverse tax	consequences. Consult your tax advisor for	guidance,		
2 NAME CHANGE I direct Pacific Life to make the fo	llowing name change:			
Old Name				
New Name				
Name Change Applies To:	Reason For Change:			
Owner Owner	☐ Marriage			
☐ Insured	Divorce (attach copy of court order)			
Beneficiary	Court Order (attach copy)			
Payor	Correction			
Other covered person	Other			

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OWNERSHIP, NAME, OR BENEFICIARY **CHANGE REQUEST**

Insured's Name: First



Insured's Name: First MI	Last Courds		Policy Number(s): VFS1701320
			VI 3: 101320
3 CERTIFICATION OF NEW OWN	IER'S TAXPAYER IDEN	TIFICATION NUMBER	
Taxpayer I. D. number is			
failure to report all interest o withholding, and	orm is my correct taxpa rithholding because: (a) Revenue Service (IRS) r dividends, or (c) the II	l am exempt from backup that I am subject to backup RS has notified me that I a	withholding, or (b) I have not p withholding as a result of a m no longer subject to backup
 I am a U.S. citizen or other U. IRS Form W-9). 	.a. person (defined in ti	ie instructions in item 3 of	the Certification on the official
Note: You must cross out item 2 at withholding because you have faile	d to report all interest a	and dividends on your tax	return.
4 BENEFICIARY CHANGE revolution of the paid in the death benefit be paid in	one sum, unless otherwi	se specified, to the beneficia	ary designated below.
Primary Beneficiary (Print full name, add	lress, and Social Security/T	axpayer ID Number of each prir	nary beneficiary)
Winisson Secrettes, LLC	•		
25 GAST ATHENS AVENUE			
ARAMORE PA 19003			
TW. 20-3360806			
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
The state of the s			
Relationship of Primary Beneficiary to	Insured Policy	DWNER	
or should no primary beneficiary surviv	e to receive payment to:		
Contingent Beneficiary (Print full name, a	address, and Social Security	/Taxpayer ID Number of each c	ontingent beneficiary) - Optional
	- Annual Control of the Control of t		
	·		
Polationship of Continuous Bonofician	to Inquired		
Relationship of Contingent Beneficiary			
Note: If designating an irrevocable be designation can only be change	лепсіагу, indicate "irrevo d by the policyowner witi	cable" in the beneficiary des the irrevocable beneficiary'	signation. An irrevocable beneficiary s's consent.
	<i>//</i>		

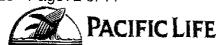
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OWNERSHIP, NAME, OR BENEFICIARY **CHANGE REQUEST**

MI Last

Insured's Name: First



Insured's Name: First MI Last Policy Number(s): SIGNATURES If you are signing below on behalf of an entity, you represent, under panelty of an entity of a signing below on behalf of an entity, you represent, under panelty of an entity of a signing below on behalf of an entity.	<u></u>			

If you are signing below on behalf of an entity, you represent, under penalty of perjury, that you are authorized to execute this document and make the representations set forth herein. You further represent that all requirements of the entity's governing documents, including the use of the corporate seal (if a Corporation) and the number of authorized signatures, have been met. Each of the undersigned attests that no bankruptcy or insolvency proceedings have been filed or commenced by or against all signing parties.				
THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.				
SIGNED AND DATED ON: Date (mm/dd/yyyy)				
8/26/2010 Policyowner's Name: First MI Last Title, if app	olio e la la e			
Policyowner's Name: First MI Last Title, if appropriate Steven G. Pausky Managide				
Assignee's Name: First MI Last (print) Title, if app	olicable			
X	nicable			
Assignee's* Signature				
Other Required Name: First MI Last Title, if app	olicable			
X				
Other Required* Signature (Must check a box below)	~			
Indicate role of "Other Required" signature: Additional Policyowner Attorney-in-Fact Irrevocable Beneficiary Irrevocable Beneficiary Premium Payor/Remitter New Policyowner (only required for ownership New Policyowner (only required at time of application)	o changes)			
Trustee Other: *If a Corporation, Trust or Business Entity, the full name of the Corporation, Trust or Business Entity must be shown below. [Corporation, Trust, or Business Entity's Name]				
WINDSOR SEWEITER LICE				
PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES				
INSTRUCTIONS				
When to use this form is used to request ownership, beneficiary and name changes on a life insurance annuity policy.	or fixed			
Who must sign this For ownership changes, the current and new policyowner(s) must sign this form.				
form: POLICYOWNER(S) - Required signature(s) of current policyowner(s).				
ASSIGNEE(S) — Required when the policy has an active assignment(s) and the assignee's signature or consent is required according to the assignment agreement.				
OTHER REQUIRED SIGNATURE(S) - Any party that has an ownership interest that requires them				
to approve this policy request. Indicate their signing capacity by checking the appropriate role. The new policyowner(s) should sign this space.				
When the policy is community property, PL suggess that the current policyowner's spouse the form. Community Property states are Arizona, Californai, Idaho, Louisiana, Nevada, Ne Mexico, Texas, Washington, and, Wisconsin.	When the policy is community property, PL suggess that the current policyowner's spouse also sign the form. Community Property states are Arizona, Californai, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and, Wisconsin.			
If the policyowner, assignee or other required signing party is a Corporation, Business Entity, or				
Trust, all signatures required by the governing documents or the trust agreement (if a Trus included, in addition to the authorized representative(s) title or signing capacity.	Trust, all signatures required by the governing documents or the trust agreement (if a Trust) must be			
Where to send this form to Pacific Life Insurance Company, Life Insurance Operations Center, P.O. Box 2030, Omaha, NE 68103-2030. Our toll free number is (800) 347-7787.				

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OWNERSHIP, NAME, OR BENEFICIARY CHANGE REQUEST



SAMPLE OWNERSHIP WORDING		
Ownership Arrangement	Sample Wording	
One Owner	Mary Doe, Wife.	
Several Owners (with deceased owner's interest passing to surviving owners)	John Smith, Paul Smith, Frank Smith, Brothers, as joint tenants with rights of survivorship.	
Several Owners (with deceased owner's interest passing to his/her estate)	John Smith, Paul Smith, Frank Smith, Brothers, as tenants-in-common.	
Partnership (General)	Smith and Jones, a general partnership composed of John Smith and Thomas Jones.	
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.	
Inter-Vivos Trust with One Trustee	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.	
Inter-Vivos Trust with More Than One Trustee	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Names of all Co-Trustees)</u> , or their successor or successors in trust, with exercise of any and all ownership rights requiring the signatures of any one Co-Trustee only**.	
	**Where all Co-Trustees must sign for each transaction, substitute the wording "of any one Co-Trustee only" with "All Co-Trustees."	
Corporation	The ABC Company, a <u>(State Of Incorporation)</u> corporation, its successors or assigns.	
Qualified Pension or Profit Sharing Plan Owner, with Trustee or Plan Administrator	(Name of Plan) Plan, with (Name of Trustee or Plan Administrator), Trustee or Plan Administrator.	
UGMA/UTMA	Name of Custodian , as custodian for <u>(Name of Minor)</u> , born <u>(Date of Birth)</u> , under the <u>(Name of the State and Name of the UGMA/UTMA Act for the State in Question.)</u>	

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SAMPLE BENEFICIARY WORDING		
Beneficiary Arrangement	Sample Wording	
Estate	The Insured's Estate.	
One Primary Beneficiary	Mary Doe, Wife.	
Several Primary Beneficiaries	Mary Doe, Jane Doe and Thomas Doe, Wife and Children, equally, survivors or survivor.	
Un-named Beneficiaries	. My Children equally, survivors or survivor.	
	The Children born of the marriage between John and Mary Doe, equally, survivors or survivor.	
	Thomas Doe, Son and any other children born of the marriage between John and Mary Doe, equally, survivors or survivor.	
Unequal Amounts	70% to Mary Doe, Wife, and 30% to John Doe, Son, or all to the survivor.	
	60% to Joe Doe, Husband, 20% to Mary Doe, Daughter and 20% to John Doe, Son. If the beneficiary should not survive, then the remaining beneficiaries shall share the deceased beneficiary's portion equally.	
Partnership (General)	Smith and Jones, a general partnership comprised of John Smith and Thomas Jones.	
Partnership (Limited)	John Smith, general partner, Smith Associates, Limited Partnership.	
Corporation	The ABC Company, a <u>(State Of Incorporation)</u> corporation, its successors or assigns.	
Inter-Vivos Trust	The <u>(Name of Trust)</u> Trust, dated <u>(Trust date)</u> , with <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.	
Testamentary Trust	The Trust created by the Will of <u>(Insured)</u> by <u>(Name of Trustee)</u> , Trustee, or the successor or successors in trust.	
Split Dollar (Collateral Assignment or Endorsement)	XYZ Corporation, a <u>(State Of Incorporation)</u> corporation, its successors or assigns, in the amount claimed by said corporation not to exceed the amount payable under the policy, and the balance if any, payable to Jane Doe, spouse of the insured.	
UGMA/UTMA	Minor as Insured: The estate of the Minor.	
	Someone Other Than Minor as Insured: Name of Custodian, as custodian for (Name of Minor), born (Date of Birth), under the (Name of the State and Name of the UGMA/UTMA Act for the State in Question.)	

the UGMA/UTMA Act for the State in Question.)